

**ASSEMBLY BILL**

**No. 1549**

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**Introduced by Assembly Member Koretz**

February 22, 2005

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An act to amend Sections 139.2, 3209.3, and 4616.4 of the Labor Code, relating to workers' compensation.

LEGISLATIVE COUNSEL'S DIGEST

AB 1549, as introduced, Koretz. Workers' compensation: qualified medical evaluators and independent medical reviewers.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment.

Existing law requires the administrative director to appoint qualified medical evaluators in each of the respective specialties as required for the evaluation of medical–legal issues, and to contract with individual physicians or an independent medical review organization to perform independent medical reviews in connection with the use of medical provider networks.

This bill would permit acupuncturists meeting certain requirements to be appointed by the administrative director as qualified medical evaluators, and would permit psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice to enter into contracts with the administrative director to be independent medical reviewers.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 139.2 of the Labor Code is amended to read:

139.2. (a) The administrative director shall appoint qualified medical evaluators in each of the respective specialties as required for the evaluation of medical-legal issues. The appointments shall be for two-year terms.

(b) The administrative director shall appoint or reappoint as a qualified medical evaluator a physician, as defined in Section 3209.3, who is licensed to practice in this state and who demonstrates that he or she meets the requirements in paragraphs (1), (2), ~~(6)~~ (7), and ~~(7)~~ (8), and, if the physician is a medical doctor, doctor of osteopathy, doctor of chiropractic, or a psychologist, that he or she also meets the applicable requirements in paragraph (3), (4), or (5).

(1) Prior to his or her appointment as a qualified medical evaluator, passes an examination written and administered by the administrative director for the purpose of demonstrating competence in evaluating medical-legal issues in the workers' compensation system. Physicians shall not be required to pass an additional examination as a condition of reappointment. A physician seeking appointment as a qualified medical evaluator on or after January 1, 2001, shall also complete prior to appointment, a course on disability evaluation report writing approved by the administrative director. The administrative director shall specify the curriculum to be covered by disability evaluation report writing courses, which shall include, but is not limited to, 12 or more hours of instruction.

(2) Devotes at least one-third of total practice time to providing direct medical treatment, or has served as an agreed medical evaluator on eight or more occasions in the 12 months prior to applying to be appointed as a qualified medical evaluator.

(3) Is a medical doctor or doctor of osteopathy and meets one of the following requirements:

(A) Is board certified in a specialty by a board recognized by the administrative director and either the Medical Board of California or the Osteopathic Medical Board of California.

1 (B) Has successfully completed a residency training program  
2 accredited by the American College of Graduate Medical  
3 Education or the osteopathic equivalent.

4 (C) Was an active qualified medical evaluator on June 30,  
5 2000.

6 (D) Has qualifications that the administrative director and  
7 either the Medical Board of California or the Osteopathic  
8 Medical Board of California, as appropriate, both deem to be  
9 equivalent to board certification in a specialty.

10 (4) Is a doctor of chiropractic and meets either of the  
11 following requirements:

12 (A) Has completed a chiropractic postgraduate specialty  
13 program of a minimum of 300 hours taught by a school or  
14 college recognized by the administrative director, the Board of  
15 Chiropractic Examiners and the Council on Chiropractic  
16 Education.

17 (B) Has been certified in California workers' compensation  
18 evaluation by a provider recognized by the administrative  
19 director. The certification program shall include instruction on  
20 disability evaluation report writing that meets the standards set  
21 forth in paragraph (1).

22 (5) Is a psychologist and meets one of the following  
23 requirements:

24 (A) Is board certified in clinical psychology by a board  
25 recognized by the administrative director.

26 (B) Holds a doctoral degree in psychology, or a doctoral  
27 degree deemed equivalent for licensure by the Board of  
28 Psychology pursuant to Section 2914 of the Business and  
29 Professions Code, from a university or professional school  
30 recognized by the administrative director and has not less than  
31 five years' postdoctoral experience in the diagnosis and treatment  
32 of emotional and mental disorders.

33 (C) Has not less than five years' postdoctoral experience in the  
34 diagnosis and treatment of emotional and mental disorders, and  
35 has served as an agreed medical evaluator on eight or more  
36 occasions prior to January 1, 1990.

37 (6) *If an acupuncturist, meets either of the following*  
38 *requirements:*

1 (A) Has completed an acupuncture postgraduate specialty  
2 program of a minimum of 300 hours taught by a provider  
3 recognized by the administrative director.

4 (B) Has been certified in California to conduct workers'  
5 compensation evaluations by a provider recognized by the  
6 administrative director. The certification program shall have  
7 included instruction on disability evaluation report writing that  
8 meets the standards set forth in paragraph (1).

9 (7) Does not have a conflict of interest as determined under  
10 the regulations adopted by the administrative director pursuant to  
11 subdivision (o).

12 ~~(7)~~

13 (8) Meets any additional medical or professional standards  
14 adopted pursuant to paragraph (6) of subdivision (j).

15 (c) The administrative director shall adopt standards for  
16 appointment of physicians who are retired or who hold teaching  
17 positions who are exceptionally well qualified to serve as a  
18 qualified medical evaluator even though they do not otherwise  
19 qualify under paragraph (2) of subdivision (b). In no event shall a  
20 physician whose full-time practice is limited to the forensic  
21 evaluation of disability be appointed as a qualified medical  
22 evaluator under this subdivision.

23 (d) The qualified medical evaluator, upon request, shall be  
24 reappointed if he or she meets the qualifications of subdivision  
25 (b) and meets all of the following criteria:

26 (1) Is in compliance with all applicable regulations and  
27 evaluation guidelines adopted by the administrative director.

28 (2) Has not had more than five of his or her evaluations that  
29 were considered by a workers' compensation administrative law  
30 judge at a contested hearing rejected by the workers'  
31 compensation administrative law judge or the appeals board  
32 pursuant to this section during the most recent two-year period  
33 during which the physician served as a qualified medical  
34 evaluator. If the workers' compensation administrative law judge  
35 or the appeals board rejects the qualified medical evaluator's  
36 report on the basis that it fails to meet the minimum standards for  
37 those reports established by the administrative director or the  
38 appeals board, the workers' compensation administrative law  
39 judge or the appeals board, as the case may be, shall make a  
40 specific finding to that effect, and shall give notice to the medical

1 evaluator and to the administrative director. Any rejection shall  
2 not be counted as one of the five qualifying rejections until the  
3 specific finding has become final and time for appeal has  
4 expired.

5 (3) Has completed within the previous 24 months at least 12  
6 hours of continuing education in impairment evaluation or  
7 workers' compensation-related medical dispute evaluation  
8 approved by the administrative director.

9 (4) Has not been terminated, suspended, placed on probation,  
10 or otherwise disciplined by the administrative director during his  
11 or her most recent term as a qualified medical evaluator.

12 If the evaluator does not meet any one of these criteria, the  
13 administrative director may in his or her discretion reappoint or  
14 deny reappointment according to regulations adopted by the  
15 administrative director. In no event may a physician who does  
16 not currently meet the requirements for initial appointment or  
17 who has been terminated under subdivision (e) because his or her  
18 license has been revoked or terminated by the licensing authority  
19 be reappointed.

20 (e) The administrative director may, in his or her discretion,  
21 suspend or terminate a qualified medical evaluator during his or  
22 her term of appointment without a hearing as provided under  
23 subdivision (k) or (l) whenever either of the following conditions  
24 occurs:

25 (1) The evaluator's license to practice in California has been  
26 suspended by the relevant licensing authority so as to preclude  
27 practice, or has been revoked or terminated by the licensing  
28 authority.

29 (2) The evaluator has failed to timely pay the fee required by  
30 the administrative director pursuant to subdivision (n).

31 (f) The administrative director shall furnish a physician, upon  
32 request, with a written statement of its reasons for termination of,  
33 or for denying appointment or reappointment as, a qualified  
34 medical evaluator. Upon receipt of a specific response to the  
35 statement of reasons, the administrative director shall review his  
36 or her decision not to appoint or reappoint the physician or to  
37 terminate the physician and shall notify the physician of its final  
38 decision within 60 days after receipt of the physician's response.

39 (g) The administrative director shall establish agreements with  
40 qualified medical evaluators to assure the expeditious evaluation

1 of cases assigned to them for comprehensive medical  
2 evaluations.

3 (h) (1) When requested by an employee or employer pursuant  
4 to Section 4062.1, the medical director appointed pursuant to  
5 Section 122 shall assign three-member panels of qualified  
6 medical evaluators within five working days after receiving a  
7 request for a panel. If a panel is not assigned within 15 working  
8 days, the employee shall have the right to obtain a medical  
9 evaluation from any qualified medical evaluator of his or her  
10 choice. The medical director shall use a random selection method  
11 for assigning panels of qualified medical evaluators. The medical  
12 director shall select evaluators who are specialists of the type  
13 requested by the employee. The medical director shall advise the  
14 employee that he or she should consult with his or her treating  
15 physician prior to deciding which type of specialist to request.

16 (2) The administrative director shall promulgate a form that  
17 shall notify the employee of the physicians selected for his or her  
18 panel after a request has been made pursuant to Section 4062.1 or  
19 4062.2. The form shall include, for each physician on the panel,  
20 the physician's name, address, telephone number, specialty,  
21 number of years in practice, and a brief description of his or her  
22 education and training, and shall advise the employee that he or  
23 she is entitled to receive transportation expenses and temporary  
24 disability for each day necessary for the examination. The form  
25 shall also state in a clear and conspicuous location and type:  
26 "You have the right to consult with an information and assistance  
27 officer at no cost to you prior to selecting the doctor to prepare  
28 your evaluation, or you may consult with an attorney. If your  
29 claim eventually goes to court, the workers' compensation  
30 administrative law judge will consider the evaluation prepared by  
31 the doctor you select to decide your claim."

32 (3) When compiling the list of evaluators from which to select  
33 randomly, the medical director shall include all qualified medical  
34 evaluators who meet all of the following criteria:

35 (A) He or she does not have a conflict of interest in the case,  
36 as defined by regulations adopted pursuant to subdivision (o).

37 (B) He or she is certified by the administrative director to  
38 evaluate in an appropriate specialty and at locations within the  
39 general geographic area of the employee's residence.

1 (C) He or she has not been suspended or terminated as a  
2 qualified medical evaluator for failure to pay the fee required by  
3 the administrative director pursuant to subdivision (n) or for any  
4 other reason.

5 (4) When the medical director determines that an employee  
6 has requested an evaluation by a type of specialist that is  
7 appropriate for the employee's injury, but there are not enough  
8 qualified medical evaluators of that type within the general  
9 geographic area of the employee's residence to establish a  
10 three-member panel, the medical director shall include sufficient  
11 qualified medical evaluators from other geographic areas and the  
12 employer shall pay all necessary travel costs incurred in the event  
13 the employee selects an evaluator from another geographic area.

14 (i) The medical director appointed pursuant to Section 122  
15 shall continuously review the quality of comprehensive medical  
16 evaluations and reports prepared by agreed and qualified medical  
17 evaluators and the timeliness with which evaluation reports are  
18 prepared and submitted. The review shall include, but not be  
19 limited to, a review of a random sample of reports submitted to  
20 the division, and a review of all reports alleged to be inaccurate  
21 or incomplete by a party to a case for which the evaluation was  
22 prepared. The medical director shall submit to the administrative  
23 director an annual report summarizing the results of the  
24 continuous review of medical evaluations and reports prepared  
25 by agreed and qualified medical evaluators and make  
26 recommendations for the improvement of the system of medical  
27 evaluations and determinations.

28 (j) After public hearing pursuant to Section 5307.3, the  
29 administrative director shall adopt regulations concerning the  
30 following issues:

31 (1) (A) Standards governing the timeframes within which  
32 medical evaluations shall be prepared and submitted by agreed  
33 and qualified medical evaluators. Except as provided in this  
34 subdivision, the timeframe for initial medical evaluations to be  
35 prepared and submitted shall be no more than 30 days after the  
36 evaluator has seen the employee or otherwise commenced the  
37 medical evaluation procedure. The administrative director shall  
38 develop regulations governing the provision of extensions of the  
39 30-day period in both of the following cases:

1 (i) When the evaluator has not received test results or  
2 consulting physician's evaluations in time to meet the 30-day  
3 deadline.

4 (ii) To extend the 30-day period by not more than 15 days  
5 when the failure to meet the 30-day deadline was for good cause.

6 (B) For purposes of subparagraph (A), "good cause" means  
7 any of the following:

8 (i) Medical emergencies of the evaluator or evaluator's family.

9 (ii) Death in the evaluator's family.

10 (iii) Natural disasters or other community catastrophes that  
11 interrupt the operation of the evaluator's business.

12 (C) The administrative director shall develop timeframes  
13 governing availability of qualified medical evaluators for  
14 unrepresented employees under Sections 4061 and 4062. These  
15 timeframes shall give the employee the right to the addition of a  
16 new evaluator to his or her panel, selected at random, for each  
17 evaluator not available to see the employee within a specified  
18 period of time, but shall also permit the employee to waive this  
19 right for a specified period of time thereafter.

20 (2) Procedures to be followed by all physicians in evaluating  
21 the existence and extent of permanent impairment and limitations  
22 resulting from an injury in a manner consistent with Section  
23 4660.

24 (3) Procedures governing the determination of any disputed  
25 medical treatment issues in a manner consistent with Section  
26 5307.27.

27 (4) Procedures to be used in determining the compensability of  
28 psychiatric injury. The procedures shall be in accordance with  
29 Section 3208.3 and shall require that the diagnosis of a mental  
30 disorder be expressed using the terminology and criteria of the  
31 American Psychiatric Association's Diagnostic and Statistical  
32 Manual of Mental Disorders, Third Edition-Revised, or the  
33 terminology and diagnostic criteria of other psychiatric  
34 diagnostic manuals generally approved and accepted nationally  
35 by practitioners in the field of psychiatric medicine.

36 (5) Guidelines for the range of time normally required to  
37 perform the following:

38 (A) A medical-legal evaluation that has not been defined and  
39 valued pursuant to Section 5307.6. The guidelines shall establish  
40 minimum times for patient contact in the conduct of the



1 evaluations, and shall be consistent with regulations adopted  
2 pursuant to Section 5307.6.

3 (B) Any treatment procedures that have not been defined and  
4 valued pursuant to Section 5307.1.

5 (C) Any other evaluation procedure requested by the Insurance  
6 Commissioner, or deemed appropriate by the administrative  
7 director.

8 (6) Any additional medical or professional standards that a  
9 medical evaluator shall meet as a condition of appointment,  
10 reappointment, or maintenance in the status of a medical  
11 evaluator.

12 (k) Except as provided in this subdivision, the administrative  
13 director may, in his or her discretion, suspend or terminate the  
14 privilege of a physician to serve as a qualified medical evaluator  
15 if the administrative director, after hearing pursuant to  
16 subdivision (l), determines, based on substantial evidence, that a  
17 qualified medical evaluator:

18 (1) Has violated any material statutory or administrative duty.

19 (2) Has failed to follow the medical procedures or  
20 qualifications established pursuant to paragraph (2), (3), (4), or  
21 (5) of subdivision (j).

22 (3) Has failed to comply with the timeframe standards  
23 established pursuant to subdivision (j).

24 (4) Has failed to meet the requirements of subdivision (b) or  
25 (c).

26 (5) Has prepared medical-legal evaluations that fail to meet  
27 the minimum standards for those reports established by the  
28 administrative director or the appeals board.

29 (6) Has made material misrepresentations or false statements  
30 in an application for appointment or reappointment as a qualified  
31 medical evaluator.

32 No hearing shall be required prior to the suspension or  
33 termination of a physician's privilege to serve as a qualified  
34 medical evaluator when the physician has done either of the  
35 following:

36 (A) Failed to timely pay the fee required pursuant to  
37 subdivision (n).

38 (B) Had his or her license to practice in California suspended  
39 by the relevant licensing authority so as to preclude practice, or  
40 had the license revoked or terminated by the licensing authority.

1 (l) The administrative director shall cite the qualified medical  
2 evaluator for a violation listed in subdivision (k) and shall set a  
3 hearing on the alleged violation within 30 days of service of the  
4 citation on the qualified medical evaluator. In addition to the  
5 authority to terminate or suspend the qualified medical evaluator  
6 upon finding a violation listed in subdivision (k), the  
7 administrative director may, in his or her discretion, place a  
8 qualified medical evaluator on probation subject to appropriate  
9 conditions, including ordering continuing education or training.  
10 The administrative director shall report to the appropriate  
11 licensing board the name of any qualified medical evaluator who  
12 is disciplined pursuant to this subdivision.

13 (m) The administrative director shall terminate from the list of  
14 medical evaluators any physician where licensure has been  
15 terminated by the relevant licensing board, or who has been  
16 convicted of a misdemeanor or felony related to the conduct of  
17 his or her medical practice, or of a crime of moral turpitude. The  
18 administrative director shall suspend or terminate as a medical  
19 evaluator any physician who has been suspended or placed on  
20 probation by the relevant licensing board. If a physician is  
21 suspended or terminated as a qualified medical evaluator under  
22 this subdivision, a report prepared by the physician that is not  
23 complete, signed, and furnished to one or more of the parties  
24 prior to the date of conviction or action of the licensing board,  
25 whichever is earlier, shall not be admissible in any proceeding  
26 before the appeals board nor shall there be any liability for  
27 payment for the report and any expense incurred by the physician  
28 in connection with the report.

29 (n) Each qualified medical evaluator shall pay a fee, as  
30 determined by the administrative director, for appointment or  
31 reappointment. These fees shall be based on a sliding scale as  
32 established by the administrative director. All revenues from fees  
33 paid under this subdivision shall be deposited into the Workers'  
34 Compensation Administration Revolving Fund and are available  
35 for expenditure upon appropriation by the Legislature, and shall  
36 not be used by any other department or agency or for any  
37 purpose other than administration of the programs the Division of  
38 Workers' Compensation related to the provision of medical  
39 treatment to injured employees.

(o) An evaluator may not request or accept any compensation or other thing of value from any source that does or could create a conflict with his or her duties as an evaluator under this code. The administrative director, after consultation with the Commission on Health and Safety and Workers' Compensation, shall adopt regulations to implement this subdivision.

SEC. 2. Section 3209.3 of the Labor Code is amended to read:

3209.3. (a) "Physician" includes physicians and surgeons holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law.

(b) "Psychologist" means a licensed psychologist with a doctoral degree in psychology, or a doctoral degree deemed equivalent for licensure by the Board of Psychology pursuant to Section 2914 of the Business and Professions Code, and who either has at least two years of clinical experience in a recognized health setting or has met the standards of the National Register of the Health Service Providers in Psychology.

(c) When treatment or evaluation for an injury is provided by a psychologist, provision shall be made for appropriate medical collaboration when requested by the employer or the insurer.

(d) "Acupuncturist" means a person who holds an acupuncturist's certificate issued pursuant to Chapter 12 (commencing with Section 4925) of Division 2 of the Business and Professions Code.

~~(e) Nothing in this section shall be construed to authorize acupuncturists to~~ Any acupuncturist who has met all the requirements in paragraph (6) of subdivision (b) of Section 139.2 may determine disability for the purposes of Article 2.3 (commencing with Section 4616) and Article 3 (commencing with Section 4650) of Chapter 2 of Part 2, or under Section 2708 of the Unemployment Insurance Code.

SEC. 3. Section 4616.4 of the Labor Code is amended to read:

4616.4. (a) (1) The administrative director shall contract with individual physicians, as described in ~~paragraph (2)~~ subdivision (a) of Section 3209.3, or an independent medical review organization to perform independent medical reviews pursuant to this section.

1     ~~(2) Only physicians licensed pursuant to Chapter 5~~  
2     ~~(commencing with Section 2000) of the Business and Professions~~  
3     ~~Code may be independent medical reviewers.~~

4     ~~(3)~~ The administrative director shall ensure that the  
5     independent medical reviewers or those within the review  
6     organization shall do all of the following:

7         (A) Be appropriately credentialed and privileged.

8         (B) Ensure that the reviews provided by the medical  
9     professionals are timely, clear, and credible, and that reviews are  
10    monitored for quality on an ongoing basis.

11        (C) Ensure that the method of selecting medical professionals  
12    for individual cases achieves a fair and impartial panel of  
13    medical professionals who are qualified to render  
14    recommendations regarding the clinical conditions consistent  
15    with the medical utilization schedule established pursuant to  
16    Section 5307.27, or the American College of Occupational and  
17    Environmental Medicine's Occupational Medicine Practice  
18    Guidelines.

19        (D) Ensure that confidentiality of medical records and the  
20    review materials, consistent with the requirements of this section  
21    and applicable state and federal law.

22        (E) Ensure the independence of the medical professionals  
23    retained to perform the reviews through conflict-of-interest  
24    policies and prohibitions, and ensure adequate screening for  
25    conflicts of interest.

26     ~~(4)~~

27     (3) Medical professionals selected by the administrative  
28     director or the independent medical review organizations to  
29     review medical treatment decisions shall be physicians, as  
30     specified in ~~paragraph (2)~~ of subdivision (a) of *Section 3209.3*,  
31     who meet the following minimum requirements:

32         (A) The medical professional shall be a clinician  
33     knowledgeable in the treatment of the employee's medical  
34     condition, knowledgeable about the proposed treatment, and  
35     familiar with guidelines and protocols in the area of treatment  
36     under review.

37         (B) Notwithstanding any other provision of law, the medical  
38     professional shall hold a nonrestricted license in any state of the  
39     United States, and for physicians, a current certification by a

1 recognized American medical specialty board in the area or areas  
2 appropriate to the condition or treatment under review.

3 (C) The medical professional shall have no history of  
4 disciplinary action or sanctions, including, but not limited to, loss  
5 of staff privileges or participation restrictions taken or pending  
6 by any hospital, government, or regulatory body.

7 (b) If, after the third physician's opinion, the treatment or  
8 diagnostic service remains disputed, the injured employee may  
9 request independent medical review regarding the disputed  
10 treatment or diagnostic service still in dispute after the third  
11 physician's opinion in accordance with Section 4616.3. The  
12 standard to be utilized for independent medical review is  
13 identical to that contained in the medical treatment utilization  
14 schedule established in Section 5307.27, or the American  
15 College of Occupational and Environmental Medicine's  
16 Occupational Medicine Practice Guidelines, as appropriate.

17 (c) Applications for independent medical review shall be  
18 submitted to the administrative director on a one-page form  
19 provided by the administrative director entitled "Independent  
20 Medical Review Application." The form shall contain a signed  
21 release from the injured employee, or a person authorized  
22 pursuant to law to act on behalf of the injured employee,  
23 authorizing the release of medical and treatment information. The  
24 injured employee may provide any relevant material or  
25 documentation with the application. The administrative director  
26 or the independent medical review organization shall assign the  
27 independent medical reviewer.

28 (d) Following receipt of the application for independent  
29 medical review, the employer or insurer shall provide the  
30 independent medical reviewer, assigned pursuant to subdivision  
31 (c), with all information that was considered in relation to the  
32 disputed treatment or diagnostic service, including both of the  
33 following:

34 (1) A copy of all correspondence from, and received by, any  
35 treating physician who provided a treatment or diagnostic service  
36 to the injured employee in connection with the injury.

37 (2) A complete and legible copy of all medical records and  
38 other information used by the physicians in making a decision  
39 regarding the disputed treatment or diagnostic service.

(e) Upon receipt of information and documents related to the application for independent medical review, the independent medical reviewer shall conduct a physical examination of the injured employee at the employee's discretion. The reviewer may order any diagnostic tests necessary to make his or her determination regarding medical treatment. Utilizing the medical treatment utilization schedule established pursuant to Section 5307.27, or the American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines, as appropriate, and taking into account any reports and information provided, the reviewer shall determine whether the disputed health care service was consistent with Section 5307.27 or the American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines based on the specific medical needs of the injured employee.

(f) The independent medical reviewer shall issue a report to the administrative director, in writing, and in layperson's terms to the maximum extent practicable, containing his or her analysis and determination whether the disputed health care service was consistent with the medical treatment utilization schedule established pursuant to Section 5307.27, or the American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines, as appropriate, within 30 days of the examination of the injured employee, or within less time as prescribed by the administrative director. If the disputed health care service has not been provided and the independent medical reviewer certifies in writing that an imminent and serious threat to the health of the injured employee may exist, including, but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of the injured employee, the report shall be expedited and rendered within three days of the examination by the independent medical reviewer. Subject to the approval of the administrative director, the deadlines for analyses and determinations involving both regular and expedited reviews may be extended by the administrative director for up to three days in extraordinary circumstances or for good cause.

(g) The independent medical reviewer's analysis shall cite the injured employee's medical condition, the relevant documents in

1 the record, and the relevant findings associated with the  
2 documents or any other information submitted to the reviewer in  
3 order to support the determination.

4 (h) The administrative director shall immediately adopt the  
5 determination of the independent medical reviewer, and shall  
6 promptly issue a written decision to the parties.

7 (i) If the determination of the independent medical reviewer  
8 finds that the disputed treatment or diagnostic service is  
9 consistent with Section 5307.27 or the American College of  
10 Occupational and Environmental Medicine's Occupational  
11 Medicine Practice Guidelines, the injured employee may seek the  
12 disputed treatment or diagnostic service from a physician of his  
13 or her choice from within or outside the medical provider  
14 network. Treatment outside the medical provider network shall  
15 be provided consistent with Section 5307.27 or the American  
16 College of Occupational and Environmental Medicine's  
17 Occupational Practice Guidelines. The employer shall be liable  
18 for the cost of any approved medical treatment in accordance  
19 with Section 5307.1 or 5307.11.